

Application For Employment Authorization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-765

OMB No. 1615-0040 Expires 02/28/2018

_		Fee Stamp		Action Block		Initial Receipt	Resubmitted	
	or CIS					Relo	cated	
	se					Received	Sent	
Oı	nly							
				-J F-9-J44-18-1.			pleted	
Application Approved			☐ Application Denied - Failed to establish: ☐ Eligibility under ☐ Economic necessity under		ity under	Approved	Denied	
☐ Authorization/Extension Valid From ☐ Authorization/Extension Valid To			8 CFR 274a 12 8 CFR 274a 12(c)(14) (18)		A #			
Subject to the following conditions:			(a) or (c)	☐ Applicant is filing under section 274a.12				
Applicant is fining under Section 2/44.12								
•	STA	RT HERE - Type or print in black ink.						
I an	app	olying for:	9.					
	Perm	nission to accept employment.		ever used, if any)				
П	Repl	acement (of lost employment authorization doc	ument).					
Renewal of my permission to accept employment (attach a					umber (A	A-Number) or	Form I-94	
	copy	of your previous employment authorization		Number (if any)				
	docu	ment).						
1.	Full	Name	11.	Have you ever before		for employm	ent	
	Fami	ily Name First Name Middle	e Name	authorization from U Yes (Complete th		na auastions)		
				Which USCIS Of				
2.	Othe	er Names Used (include Maiden Name)		which USCIS Of	nce?	Dat	les	
			e Name					
				Results (Granted	or Denie	d - attach all de	ocumentation)	
3.	L C	Mailing Address		☐ No (Proceed to Q	uestion 1	12.)		
		e e e e e e e e e e e e e e e e e e e	12.	Date of Last Entry in	nto the U	.S., on or abo	ut	
	Stree	et Number and Name Apt. I	Number 12.	(mm/dd/yyyy)				
	Tow	n or City State ZIP C	13.	Place of Last Entry i	nto the U	J .S.		
4.	Cou	ntry of Citizenship or Nationality	14.	Status at Last Entry	(B-2 Vis	itor, F-1 Stude	nt, No Lawful	
				Status, etc.)				
5.	Place	e of Birth						
	Tow	n or City State/Province Cou	intry 15.	Current Immigration	n Status	(Visitor, Stude	ent, etc.)	
6	Doto	of Right (mm/dd/yyyyy)	16.	Eligibility Category.	Go to the	"Who May F	ile Form	
6. Date of Birth (mm/dd/yyyy)				I-765?" section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.				
7. Gender Male Female								
8.	Mar	ital Status		nom the mentions.	i oi chail	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\(\begin{align*} \(\begin{align*} \begin{align*} \b	
		Single Married Divorced Wi	idowed			`/`_	/	

17.			y Category. If you entered the	Certification I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "Who May File Form I-765?" section of the instructions and have identified the appropriate eligibility category in			
	you and Nui Nui	ir degree, your ei l your employer's	(c)(3)(C) in Question 16 above, list mployer's name as listed in E-Verify, as E-Verify Company Identification E-Verify Client Company Identification be below. Employer's Name as listed in E-Verify				
	DCE	gicc	Employer's Ivame as fisted in E-verify	Question 16 .	y category in		
			y Company Identification Number or a ent Company Identification Number	Applicant's Signature			
				Date of Signature (mm/dd/yyyy)			
18.	(c)(26) Eligibility Category. If you entered the eligibility category (c)(26) in Question 16 above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.			Telephone Number			
	For	m 1-797 Notice (of Approval for Form 1-129.	Signature of Person Preparing Form, If C)ther Than		
				Applicant	omer Than		
19.	(c)(a.	If you entered t in Question 16 number of the I	Eligibility Category the eligibility category (c)(35) or (c)(36) to above, please provide the receipt Form I-140 beneficiary's Form I-797 toval for Form I-140.	I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge. Preparer's Signature			
		Trottee of Appro	0var 101 1 01111 1 1-10.				
	b.	Have you EVE any crime?	CR been arrested for and/or convicted of Yes No	Date of Signature (mm/dd/yyyy) Printed Name			
	NO	TE: If you answ	wered "Yes" to Item Numbers 19.b. ,	rimed Name			
	refe Ma	er to Item Numb y File Form I-7	Deer 5., Item H. or Item I. in the Who 65 section of these Instructions for providing court dispositions.	Address			

Form I-765 01/17/17 N Page 2 of 2